

**Statement of
The Honorable Gordon H. Mansfield
Deputy Secretary of Veterans Affairs
Department of Veterans Affairs
Before the
House of Representatives
Committee on Veterans' Affairs**

August 26, 2004

Mr. Chairman and members of the Committee:

I am pleased to be here today to discuss the Department of Veterans Affairs' (VA) actions taken since September 11, 2001, to improve its security and emergency preparedness, and its ability to respond to bio-terrorism attacks and other emergency situations. VA regards security and preparedness as important for our veteran patients and the Nation.

Since September 11, 2001, VA has improved its preparedness posture through a reorganization designed to provide a comprehensive, "all-hazards" approach to emergency management for the entire Department. We have established an Office of Operations and Readiness within the Office of the Assistant Secretary for Policy, Planning, and Preparedness, which has resulted in improving our cooperation with other Federal, state, and local agencies. VA has also pledged significant resources to emergency preparedness training, education, and exercises, as well as to studies and evaluations, and we have asked our Office of Research and Development to include projects related to terrorism and emergency management in its research portfolio.

VA's funding for initiatives related to homeland security has risen from \$84.5 million in FY 2002 to \$271.3 million appropriated for FY 2004. The President's FY 2005 Budget Submission includes a request for \$297 million. The largest portion of that funding is in medical emergency preparedness, funding for which rose from \$80.3 million in FY 2002 to \$257.3 million for FY 2004, with \$281 million requested for FY 2005.

While VA's primary responsibility in the event of an emergency is to ensure the safety of its patients, clients, personnel, and assets, we have a number of additional responsibilities on the national level.

Under the VA/DOD Contingency Hospital System Plan, VA serves as the principal health care backup to the military health care system in the event of war or national emergency that involves the use of Armed Forces in armed conflict. Under this plan, VA may give a higher priority to furnishing care and service for members of the Armed Forces than for any other group, except veterans with service-connected disabilities.

The "Robert T. Stafford Disaster Relief and Emergency Assistance Act," Public Law 93-288, as amended, was enacted to support State and local governments when the President has declared a disaster. The Stafford Act establishes a process for requesting and obtaining a Presidential disaster declaration, defines the type and scope of assistance available, and sets the conditions for obtaining that assistance. The Federal Emergency Management Agency (FEMA), which is now part of DHS, is responsible for the coordination of Federal emergency response activities in support of State and local governments. VA is one of the support agencies that, at the request of FEMA, provide assistance to support these activities.

VA has also been an active participant in developing the Interim National Response Plan (NRP). Currently, VA is a support agency for the Catastrophic Incident Response Annex and seven of the fifteen Emergency Support Function Annexes, including Public Works and Engineering, Emergency Management, Mass Care, Resource Support, Public Health & Medicine, Public Safety and Security, and Public Information and Communications.

At this time, Mr. Chairman, I would like to highlight some of the Department's specific actions and accomplishments in the areas of VA's emergency management structure; emergency preparedness planning; protection of VHA facilities; tests, training, and exercises; pharmaceutical caches; decontamination capability; guidance, education, and training; and research.

VA Emergency Management Structure

Following September 11, 2001, the Secretary of Veterans Affairs appointed a group to look at ways in which VA could improve its emergency preparedness and response operations. This group recommended a Department-level organization to integrate all preparedness. In response, VA established an Office of Operations and Readiness within the Office of Policy, Planning, and Preparedness (OPP&P) and transferred the Office of Security and Law Enforcement to OPP&P. This reorganization has provided a comprehensive, “all-hazards” approach to emergency management for the entire Department and allowed VA to better position itself to function effectively in a post-September 11 environment.

VA’s Continuity of Operations (COOP) sites were expanded from two locations to four. A complete COOP “mirror site” has also been established in the event the primary sites cannot continue to operate. The VA Central Office Readiness Operation Center (ROC) is now operating 24 hours per day, 7 days per week. It is the primary internal and external contact point for all crisis management for VA. Requests for VA resource support are coordinated with VHA, VBA, and NCA through the ROC.

VHA’s Emergency Management Strategic Health Care Group (EMSHG) continues to contribute at the community level across the Nation, with 37 Area Emergency Managers (AEM) and three District Managers located at all major population centers around the country. EMSHG manages the Disaster Emergency Management Personnel System, a database that currently contains information on over 1,200 VA medical centers (VAMC) personnel who have volunteered to deploy to disasters and emergencies, at the approval of their Directors.

EMSHG also manages the Medical Emergency Radiological Response Team, a team of VA physicians, radiologists, and health physicists that functions as a Federal asset to FEMA. This team can be deployed to a radiological disaster within 24 hours to assist hospitals with professional consultation, treatment, and monitoring of patients with radiological injuries, as required.

Since all disasters are local events, strong local programs are essential. EMSHG works closely with VA facilities, VISNs, and local emergency management organizations in building and sustaining comprehensive emergency management programs. Recognizing the value of VA's participation in integrated community emergency planning and the mutual benefits to be derived from that participation, EMSHG conducts hazards-vulnerability assessments, plans development, and program implementation.

VA is proud of its partnership role in the National Disaster Medical System (NDMS). Managed by FEMA, the NDMS has responsibility for managing and coordinating the Federal medical response to major emergencies and federally declared disasters. Through its nationwide network of AEMs, VHA supports the NDMS at the local level through several activities, including recruitment of non-Federal (civilian) hospitals, which dedicate available staffed beds for victims of disasters or other catastrophes. VHA assists with the development of patient reception plans, and coordination of training and exercises with local response authorities. EMSHG staff members deploy to disasters and high-threat events when called upon.

An outstanding example of how VA can fulfill its NDMS responsibilities in a natural disaster is the Houston VAMC's role in responding to the flooding caused by tropical storm Allison in June 2001. While the five area hospitals were submerged in water, Houston VAMC provided staging areas for the Disaster Medical Assistance Teams in its education building and provided patient beds, meals, laundry, and storage areas (including freezers) to other hospitals affected by the flood. Houston VAMC became the focal point for a unified command post for medical coordination and opened a 17-bed emergency room staffed by VA and other area hospitals.

Emergency Planning and Readiness

In addition to its role in the NDMS, VA is a recognized national partner in other emergency planning and preparedness activities and has taken a number of actions in this area since September 11. The VA Office of Operations and

Readiness, created after September 11, established for the first time a dedicated Departmental Emergency Planning and Readiness section.

Smallpox Vaccinations. VA developed a National Pre-Exposure Plan for the vaccination of VA Smallpox Health Care Response Teams and Vaccination Teams. Over 1,460 employees were vaccinated. Planning for the program began in the summer of 2002 and was completed in June 2003, when VA received 9,000 doses of vaccine to stockpile if it became necessary to implement a post-exposure vaccination campaign.

Homeland Security Advisory System. All VA facilities have adopted the Homeland Security Advisory System. Prescriptive and specific response requirements for each of the threat levels have been developed at the Department level and distributed to the field. Field facilities have implemented these requirements through the development of local procedures. Facility plans include specific actions that key executives, managers, and employees need to take at VA facilities for each level of the Homeland Security Advisory System. Among the specific actions to be taken are increased awareness by employees, increased patrols by VA police at VA facilities, and activation of the facilities' emergency operation centers.

National Infrastructure Protection Plan (NIPP). VA has provided a report to OMB in accordance with requirements of paragraph 34 of HSPD-7 ("Critical Infrastructure Identification, Prioritization, and Protection", dated December 2003). This report highlights VA's plan for protecting its physical infrastructure, cyber-critical infrastructure, and other key resources the Department owns or operates. This submission is being coordinated with the Government Facilities Sector-Specific Plan, part of the overall National Infrastructure Protection Plan that is being developed by DHS.

Physical Security Assessment Methodology. VA developed a Physical Security Assessment Methodology, which has been adopted by the Federal Emergency Management Agency (FEMA). Although current assessments show that the primary physical threats faced by VA are routine criminal activity and violence in the workplace, the proximity of some VA facilities to high vulnerability targets requires that these facilities be protected. In June 2003, VA contracted with the National Institute of Building Sciences (NIBS) to manage the assessment of the physical security of 116 of the most critical VA facilities and develop mitigation strategies for the reduction of their vulnerabilities. The project team of engineering and security experts developed a methodology and database for systematically assessing, recording, and analyzing VA facilities. FEMA uses this methodology for the evaluation of Federal and private sector facilities to identify vulnerabilities and make recommendations for mitigation strategies.

Implementation of HSPD-5. VA is participating in the development of a single, integrated national plan in accordance with Homeland Security Presidential Directive/HSPD-5 ("Management of Domestic Incidents"). VA has adopted the incident management system to organize emergency operations. HSPD-5 is intended to enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system under the leadership of the Secretary of Homeland Security.

JCAHO Standards. The Joint Commission on Accreditation of Health Care Organizations (JCAHO) has established rigorous and comprehensive standards for an all-hazards approach to emergency management. All VA medical facilities are required to comply with these standards. The most important tool VA has produced to facilitate compliance with JCAHO standards is the "Emergency Management Program Guidebook." This is the definitive guide on emergency management and was an important resource to JCAHO in developing standards for all accredited U.S. Hospitals. This Guidebook was originally published in March 2002 and distributed to all VAMCs. By request, about 1,000 copies of this

Guidebook have been provided to private hospitals to assist them in meeting the JCAHO Emergency Management standards. A review of JCAHO surveys indicates a very high level of compliance at VA facilities with these standards.

Protection of VHA Facilities

Most VHA facilities are protected by VA police officers and have been generally successful in meeting police staffing goals established by VA. Of the 135 VA police units, only 10 have police officer staff levels below the minimum requirements. VA continues to promote the use of existing special salary rate authority to address local recruiting issues. In addition, VA has worked with the Office of Personnel Management in developing government-wide solutions to police officer compensation and recruitment issues.

VA's Program to Arm VA Police, initiated as a pilot program in 1996, is nearing completion. The program is designed to screen, train, and arm officers who previously carried only batons and chemical irritant projectors. Only one facility has not been able to implement the firearm program due to staffing and police supervision issues that we anticipate resolving within the first quarter of FY 2005.

Tests, Training, and Exercises

While participating in emergency planning has been critical to ensuring that VA is in a constant state of readiness to respond to national or local emergencies, VA has also participated in various exercises and training to test the validity and completeness of its plans. To this end, VA has held 26 Continuity of Operations (COOP) exercises. In addition, all VAMCs participate in two emergency exercises each year. These exercises are required by JCAHO, and at least one of them has to be a part of local community exercises. They ensure that all VAMCs have detailed all-hazard emergency operations plans and provide an opportunity to test those plans so that the VAMCs are better prepared should a real natural or terrorist-caused disaster occur. These exercises are

carefully planned and conducted, and a written critique is subsequently shared with all appropriate staff.

VA has also been a participant in six senior level multi-agency exercises and training, as described below.

Olympic Games - February 2002. In preparation for the Olympic Games, VA initiated a decontamination and pharmaceutical cache exercise. This was a multi-agency effort.

TOPOFF 2 Large Scale Game (T2 LSG) – December 2002. The T2 LSG was a national ‘senior government officials’ exercise event related to preparing for the full-scale exercise. This was a four-day exercise that brought together Federal, State, and international leaders in an interactive gaming simulation. Two VA senior executives represented VA in the exercise, providing valuable insight concerning VA’s emergency response capabilities.

Ultimate Caduceus (UC) 03 (DOD lead) – March 2003. UC 03 was an annual DOD multi-echelon deployment and contingency support exercise that took place March 17-25, 2003. The primary purpose of the exercise was to test tasks associated with global patient movement and evacuation and coordination of patient evacuation from a theater of war. VA initiated airport patient reception activities, bed reporting, and patient distribution as a full participant in the exercise.

TOPOFF 2 (T2) – May 2003. T2 was a congressionally mandated national weapons of mass destruction exercise designed to provide training for Federal, state and local top officials and first responders. VA was a full participant in the exercise at both the national and local level. VAMCs in the Seattle and Chicago area participated in local community response activities that included receipt of patients, activation of hospital caches and decontamination drills. The VA Medical Radiological Response Team also deployed to Seattle as part of this

exercise. At the national level, VA provided liaisons to DHS, attended senior level management briefings, and activated its Crisis Response Team (CRT). VA is currently participating in planning efforts for TOPOFF 3.

Forward Challenge 2004 (FC 04) – May 2004. FC 04 was a full-scale, scenario-based, interagency COOP exercise. Exercise play was conducted at two levels, the interagency level and the individual agency level. The exercise was the first interagency COOP exercise conducted for the Executive Branch and was conducted as a no-fault exercise. The interagency exercise provided a framework for each department or agency to conduct its own internal COOP exercise focused on specific objectives.

VA participated in FC 04 throughout the length of the exercise. It provided VA an opportunity to deploy its full COOP team, with top managers participating and deploying with their COOP staff to the designated COOP locations. VA's Deputy Secretary led two of the three Under Secretaries and four of the seven Assistant Secretaries in this two-day exercise. Approximately 120 VA staff participated in the exercise.

Determined Promise 04 (DP 04) - August 2004. DP 04 was an exercise designed to test DOD's ability to assist civil and Federal authorities in a coordinated response to simulated chemical, radiological, and explosive hazards. The Department of Homeland Security was responsible for the Federal incident management role. Interagency involvement in the consequence management aspects of the exercise involved support related to activation of the NRP and the National Disaster Medical System in the Virginia area. During this exercise, the VA ROC participated in an insightful tabletop drill, and the Richmond VAMC had an opportunity to test its emergency room and decontamination activities.

Pharmaceutical Caches

VA's National Acquisition Center (NAC) continues to manage four pharmaceutical and medical supply caches for DHS/FEMA at VAMCs as a part

of the NDMS and two additional special caches for other Federal agencies. FEMA routinely activates and moves one or more of the NDMS caches in support of special events. The NAC also provides contracting support for the Centers for Disease Control and Prevention's (CDC) Strategic National Stockpile and the Vendor Managed Inventory. These stockpiles are designed to assist with the medical consequences of disasters, including weapons of mass destruction.

Following September 11, VA recognized that modern supply methods might interfere with adequate supplies in the immediate aftermath of an emergency. Accordingly, VA created 143 internal pharmaceutical caches at VAMCs: 90 large caches, which can supply 2,000 casualties for two days; and 53 small caches, supplying 1,000 casualties for two days.

Decontamination Capability

VA has recognized that, even though VAMCs are not "first responders," there is a need for mass decontamination capability if the facilities are going to be safe. This is particularly true in the event that chemical weapons are used or when industrial accidents occur that result in exposure to toxic substances. Accordingly, VA implemented a program integrating local planning with the community, standardization of equipment (portable decontamination shelters and level C personal protective equipment), and a train-the-trainer program.

To date, 118 of the highest priority VAMCs have received training to conduct decontamination at their local station and to train other members of their Patient Decontamination Teams. Twenty-eight of these 118 facilities have received their equipment. An additional 78 facilities have submitted action plans and ordered equipment. The Occupational Safety and Health Administration (OSHA) Best Practice Report on Hospital Based First Receivers of Victims has cited two VA facilities among seven facilities nation-wide for their accomplishments. These were Central Arkansas Veterans Healthcare System in Little Rock, Arkansas, and the Washington DC, VAMC.

Guidance, Education, and Training

Education and training is essential for sustaining an adequate level of preparedness. One of the most important tools VA has produced is the “Emergency Management Program Guidebook,” which I mentioned earlier. The Guidebook, which is available both on CD-ROM and through the VA Intranet, provides the information necessary to develop a fully functional emergency management program and contains extensive examples of plans, policies, contingencies, and solutions for problems that every VAMC may face. In this way, the Guidebook supplements VA policy documents on emergency management and security, e.g., VHA Handbook 0320.2, “Veterans Health Administration Emergency Management Program Procedures”; VA Directive 0730, “Security and Law Enforcement”; the recently updated and distributed VHA Handbook 1200.6, “Control of Hazardous Agents in VA Research Laboratories”; and VHA Directive 1105.1, “Management of Radioactive Materials,” which has been recently revised and will be distributed by the end of this month.

VA Directive 0730 is currently being revised. The proposed revision includes requirements for security management committees and an overall strategic security plan at each VA facility. The revision will also update pre-September 11 physical security standards; include specific instructions for the security of bio-hazardous materials in Department owned laboratories; and provide specific facility lockdown and emergency response procedures. VA’s goal is to have revised Directive 0730 ready for review and concurrence in the first quarter of FY 2005.

VA Operations Plan “Safe Harbor” also provides guidance related to agency preparedness and response measures related to escalation in the Homeland Security threat level. It describes the concept of operations, organizational structures, and agency responsibilities that guide VA operations. The plan was tested in a COOP exercise on March 4-5, 2003. Participants in the exercise included key VA organizational staff and the VA CRT.

In addition, VA has produced or has in production a number of educational tools, including the following:

- personal emergency preparedness brochure for staff and patients (October 2001);
- re-broadcasts of CDC, FEMA, and DOD satellite teleconferences on weapons of mass destruction and emergency management (on going – at least monthly);
- 15 minute video/CD-ROM, “Medical Response to Weapons of Mass Destruction” for senior managers (June 2004);
- a Veterans Health Initiative (VHI) educational-based module (both printed and web-based) on “Health Effects from Chemical Biological and Radiological Weapons” (October 2003);
- a VHI Radiation Terrorism module, which is in progress following a videoconference presented January 13, 2004;
- the following five pocket cards produced with DOD:
 - Biological Terrorism (June 2002, revised August 2003)
 - Chemical Terrorism (June 2002, revised August 2003)
 - Terrorism with Ionizing Radiation (June 2002, revised August 2003)
 - Mental Health: (1) Management PTSD or Acute Stress Disorder and (2) Management of Acute Stress Reaction (December 2003); and
- a VHI Blast Injury module with major DOD input, which we expect to have completed by the end of CY 2004.

The VA Law Enforcement Training Academy also incorporates emergency management in its curriculum and is developing a new physical security specialist course. The physical security specialist training will be implemented in FY 2005 and will help improve technical expertise in this critical area.

Research

As mentioned earlier, we have asked our researchers to include terrorism and emergency management in their research portfolios. As a result, VA has increased its emergency preparedness research portfolio. In addition to adding

to the Federal government's understanding of disease mechanisms, preventive measures, and treatments, these projects address conditions that afflict VA's patient population. This year, VA investigators at 16 facilities have conducted eleven research projects focusing on diseases such as smallpox and anthrax, protective immune responses, virulence factors, and DNA-based vaccine development. These eleven projects represent a total investment of \$7.8 million; VA funding for these projects in FY 2004 is \$2.2 million. In FY 2003, VA researchers received \$1.57 million from DOD and HHS to support 15 other studies. Let me now discuss just a few examples of these projects.

Researchers at the New York Harbor Healthcare System have combined their efforts to receive a Research Enhancement Award Program (REAP) grant. This program permits skilled, interdisciplinary teams of scientists to form what are essentially centers of excellence that address a specific medical problem by integrating basic science and clinical research approaches. The team is currently identifying and characterizing antibodies present in the blood of exposed individuals that can counteract bacterial toxins. These antibodies will be developed for use as therapeutic antitoxins. Several other facilities have applied for REAP grants to support other vaccine research, and a scientific merit review board will consider the applications later this fall.

At the San Diego VAMC, researchers have used a DOD grant to develop novel compounds that can be used to produce an oral therapy for smallpox. Results have included the identification of several compounds that protected rodent models against smallpox. Two of these compounds have gone into formal drug development for the prevention and treatment of smallpox.

VA Health Services researchers at the Birmingham VAMC have taken a proactive approach to bioterrorism prevention by examining educational interventions for health care providers. This effort will develop a web-based educational approach to help physicians recognize the clinical presentation of anthrax and smallpox. The web-based educational modules will be modified and expanded, as new teaching modules are developed to broaden physicians'

awareness and recognition of other biological agents that may be used in acts of terrorism.

VA will continue its efforts to expand a research portfolio that enhances preparedness while addressing the needs of its patient population.

Activities of VBA and NCA

Mr. Chairman, up to this point, I have spoken mostly of those activities involving either VHA or the Department as a whole. While it is true that most of VA's emergency preparedness activities over the years have involved VHA, whether by itself or in concert with other Departmental administrations, both the Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA) also play roles in ensuring Departmental preparedness and continuity of operations.

VBA. VBA has produced a procedural manual containing standardized instructions relating to the continuity of operations and specific procedures for assessing, reporting, and restoring essential functions. A copy of this manual is kept at VBA's alternate sites. Of particular importance is the benefits payment system, which has two "redundant" systems in place at alternate locations to ensure that benefits are paid in a timely manner. There are also back-up tapes stored at several locations to ensure that data can be transmitted to the Treasury to make the payments from its alternate locations.

As of August 2004, all VBA corporate applications in operation in Austin, Texas, can be successfully recovered from the backup processing facility in less than 12 hours, and with less than 2 hours of lost data. As the Compensation and Pension replacement system, VBA's future benefits system, is implemented, it will also be recoverable within 12 hours and with less than 2 hours of lost data. In future annual disaster recovery tests, VBA will evaluate different scenarios to ensure that resources at both locations have "interchangeable" skill sets capable of recovering VBA's corporate applications seamlessly. Recently, a site visit was conducted to the Hines Information Technology Center to review existing

emergency plans and to identify areas of vulnerability in its ability to continue at an alternate location in the event of an emergency.

The Benefits Delivery Network, VBA's existing benefits system, is in the process of upgrading its hardware and operating system platform at the Hines Information Technology Center. This project is scheduled for completion in October 2004. In conjunction with the upgrade, VBA has also upgraded its BDN disaster recovery platform. The disaster recovery platform, acquired from the Department of Defense, has the capability to mirror the upgraded operating system. The disaster recovery platform will continue to reside at the Philadelphia ITC. VBA is conducting analysis for allowing the production and disaster recovery systems to automatically mirror each other. As in the corporate disaster recovery strategy, VBA's objective will be to recover in fewer than 12 hours with less than 2 hours of lost data.

VBA Central Office has also developed policies, plans, and procedures for sheltering-in-place to provide reasonable security for its personnel in case of an external event that would preempt an evacuation. VBA's CRT meets bi-weekly with team members from VA Central Office. During Code Orange alerts, it meets daily for intelligence briefings and updated information.

NCA. Soon after September 11, NCA dedicated a full-time position to ensuring the coordination of NCA's emergency preparedness activities in both central office and the field. The Emergency Preparedness Coordinator is also responsible for ensuring NCA's active participation in VA-level emergency planning. NCA has designated an alternate command site for the Under Secretary for Memorial Affairs, which will provide NCA's top management with a facility outside of Washington, D.C., from which to run system-wide national cemetery operations in the event that VA Central Office is closed.

NCA has updated its written policy guidance on emergency preparedness ensuring that all national cemeteries, including Memorial Service Network Offices and Memorial Program Service processing sites, have emergency plans. The updated guidance strengthens NCA's ability to provide assistance to

governments and private entities that act as first responders as directed by FEMA through the NRP. In the event of a mass casualty event, NCA is prepared to advise on methods for interment of fatalities and to assist in the disposition of human remains. NCA is developing an annex to VA's OPLAN Safe Harbor for handling mass casualty burials.

Evaluations and Assessments

It is important to evaluate the status of our preparedness programs continually in order to improve and enhance them. Therefore, VA has completed or initiated a number of evaluations and assessments. Among them are the following:

- Physical Vulnerability Assessments. These risk analyses use 12 threat scenarios and have identified VA's 200 most critical facilities. The assessments have cost \$2.7 million to date.
- Essential Paper Records. This is a study that looks at essential paper records needed for COOP activities as well as protection of records from fire and water damage.
- Survey of VA Medical Facilities to Assess Emergency Preparedness Capabilities. A contract to accomplish this evaluation has just been awarded.
- VA OIG Report on VA Research Laboratories. This study focused on the security measures in place at VA BSL-3 and other research and clinical laboratories. In May 2004, VA published VHA Handbook 1106.2, "Pathology and Laboratory Medicine Service Biosecurity and Biosafety Procedures." In June 2004, VA issued VHA Handbook 1200.6, "Control of Hazardous Agents in VA Research Laboratories," in June 2004. With the publication of these two Handbooks, we have addressed all VHA-focused recommendations. With the publication of the revised VA Directive 0730 mentioned above, we will have addressed the remaining recommendations. VA will then implement and certify that all corrective

actions have been addressed at each VAMC. The OIG recommendations will remain open until these certifications are completed.

- Emergency Planning, Exercise, and Evaluation Program. VA documentation related to involvement in exercises has been accomplished through detailed after action reports.

Conclusion

Mr. Chairman, VA's goal is to continue to provide needed emergency response services on a both a local and national level, as required or requested. Taken as a whole, the activities of the Department provide solid evidence of our willingness and ability to respond effectively and efficiently. This completes my statement, and my colleagues and I will be happy to answer any questions you and other members of the Committee might have.